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## Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Internal Revenue Service Note. The foundation may	I reated as a Private be able to use a copy of this	e Foundation return to satisfy state repo	rting requirements	<u> </u>
For calendar year 2011 or tax year beginning		, and ending	<del></del>	·
Name of foundation			A Employer identificati	on number
HEALTH FOUNDATION FOR WEST	ERN &			
CENTRAL NEW YORK		_ <del></del>	22-380439	8
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
726 EXCHANGE STREET		518	(716) 852	-3030
City or town, state, and ZIP code BUFFALO, NY 14210-1485			C If exemption application is	s pending, check here
G Check all that apply Initial return	Initial return of a fo	rmar aublia abariti	B 4 Favora	an abasi basa 🔊 🔽
Final return	Amended return	inner public charity	D 1. Foreign organization	ins, check here
Address change	X Name change		Foreign organizations check here and attach	meeting the 85% test,
H Check type of organization X Section 501(c)(3) ex		<del></del>	1	
	Other taxable private founda	tion	E If private foundation s	
I Fair market value of all assets at end of year J Accounti		X Accrual	under section 507(b)	,
·   r	ther (specify)	ACCIDAL	F If the foundation is in	
►\$ 104,624,395. (Part I, colu		nasis )	under section 507(b)	(I)(B), check here
	(a) Revenue and	··	(a) Adverted not	(d) Disbursements
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	378,397.	**************************************	N/A	(cash basis only)
2 Check ▶ if the foundation is not required to attach Sch B		·····	<u> </u>	
3 Interest on savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·		111111111111111111111111111111111111111
4 Dividends and interest from securities	1,760,631.	2,077,910.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)		······································		
68 Net gain or (loss) from sale of assets not on line 10	3,847,667.		· · · · · · · · · · · · · · · · · · ·	STATEMENT 1
b Gross sales price for all 28,367,547.		······		
b Gross sales price for all 28, 367, 547.  Capital gain net income (from Part IV) line 2)		3,622,701.		
8 Net short-term capital,gain				
9 Income modifications	Test	1771117-		1
10a Gross sales less returns 34 OCT 11 2012	18			
b Less Cost of goods sold	1.1001	1 W K-		1000
c Gross profit or (loss) OGDEN	7歳			
11 Other income	48,726.	26,326.		STATEMENT 3
12 Total. Add lines 1 through 11	6,035,421.	5,726,937.		
13 Compensation of officers, directors, trustees, etc	245,770.	0.		245,770
14 Other employee salaries and wages	418,928.	0.		418,928
15 Pension plans, employee benefits	124,527.	0.		124,527
b Accounting fees STMT 5 c Other professional fees STMT 6	9,507.	0.		9,507
b Accounting fees STMT 5	26,300.	6,575.		19,725
· — [	591,003.	502,168.		88,835
to Other professional fees STMT 6  To Other professional fees STMT 6  To Other professional fees STMT 6  To Other professional fees STMT 7  To Depreciation and depletion  To Occupancy  To Occupancy  To Occupancy  To Travel, conferences, and meetings	111 725	00 700	<del></del>	
18 Taxes STMT 7	111,735.	29,798.		(
19 Depreciation and depletion	31,102.	0.		00.01
20 Occupancy	90,840.	0.		90,840
73	86,094.	0.		86,094
	927,961.			4,427
. <u></u>	921,901.	34,352.	<del> </del>	927,961
24 Total operating and administrative	2,668,194.	572,893.		2 016 614
20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 8 24 Total operating and administrative expenses Add lines 13 through 23 25 Contributions cuffs grants paid	2,000,194.	312,093.		2,016,614
25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	2,040,000		<u> </u>	2,045,059
26 Total expenses and disbursements. Add lines 24 and 25	4,713,253.	572,893.		1 061 677
27 Subtract line 26 from line 12	7,113,233.	312,033.	,	4,061,673
	1,322,168.			
Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	1,322,100.	5,154,044.		<del></del>
c Adjusted net income (if negative, enter -0-)		3,131,011.	N/A	<del>-</del>
regarded not into the mogalito, cities or	£		1 11/12	L

LHA For Paperwork Reduction Act Notice, see instructions

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year		
	911	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	196,096.	183,957.	183,957.		
	2	Savings and temporary cash investments	993,611.	1,101,579.	1,101,579.		
	3	Accounts receivable 66,674.					
		Less allowance for doubtful accounts	58,475.	66,674.	66,674.		
	4	Pledges receivable ► 5,329,754.			i i remin the ni mir tem		
		Less allowance for doubtful accounts	10,451,357.	5,329,754.	5,329,754.		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less allowance for doubtful accounts					
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		27,962.	27,962.		
ď	10a	Investments - U S and state government obligations					
	b	Investments - corporate stock STMT 9	50,184,827.	31,877,452.	31,877,452.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
		Less. accumulated depreciation					
	12	Investments - mortgage loans	-				
	13	Investments - other STMT 10	48,201,752.	65,001,999.	65,001,999.		
	14	Land, buildings, and equipment basis ► 288,293.					
		Less accumulated depreciation 116,693.	159,195.	171,600. 863,418.	171,600.		
	15	Other assets (describe ► STATEMENT 11)	734,448.	863,418.	863,418.		
			440 000 001				
	16	Total assets (to be completed by all filers)	110,979,761.	104,624,395.	104,624,395.		
	17	Accounts payable and accrued expenses	13,064.				
	18	Grants payable					
Liabilities	19	Deferred revenue	<del></del>				
ij	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·			
Ľ.	21	Mortgages and other notes payable  Other liabilities (describe ► STATEMENT 12)	97,751.	88,418.			
	22	Other liabilities (describe STATEMENT 12)	91,131.	00,410.			
	23	Total liabilities (add lines 17 through 22)	110,815.	88,418.			
_	25	Foundations that follow SFAS 117, check here	110/013.	00/110.			
		and complete lines 24 through 26 and lines 30 and 31					
ês	24	Unrestricted	110,868,946.	104,535,977.			
auc	25	Temporarily restricted	220,7000,72200	101/000/57/1			
Bal	26	Permanently restricted					
5		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
Net Assets or Fund Balance	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
As	29	Retained earnings, accumulated income, endowment, or other funds					
Š	30	Total net assets or fund balances	110,868,946.	104,535,977.			
_	31	Total liabilities and net assets/fund balances	110,979,761.	104,624,395.			
p	arf	Analysis of Changes in Net Assets or Fund B	alances				
			<del></del> .	<del></del>			
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		110 060 045		
_	-	st agree with end-of-year figure reported on prior year's return)		1	110,868,946.		
2 Enter amount from Part I, line 27a				2	1,322,168.		
		r increases not included in line 2 (itemize)	<del></del>	3	0.		
		lines 1, 2, and 3	אופ / ד חפפ האי דאי	VECOMENOC -	112,191,114.		
		reases not included in line 2 (itemize)  UNREALIZED GAT	<del> </del>		7,655,137.		
<u>U</u>	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numm (b), nne 30	6_	104,535,977.		
100					Form <b>990-PF</b> (2011)		

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	and Losses for Tax on Ir	vestmen	t Income		·		2 300	4330 Page 3
(a) List and des	cribe the kind(s) of property sold (e g varehouse, or common stock, 200 sh			P-	w acquired Purchase Donation		acquired lay, yr )	(d) Date sold (mo , day, yr )
1a		· · · · · · · · · · · · · · · · · · ·		<del> </del>				
b SEE ATTACHEI	STATEMENT							
C				ļ			_	
_ <u>d</u>	, ,			ļ				
е	<del></del>			1				<del> </del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (	
<u>a</u>				-+				
<u>b</u>								<del></del>
d d	<del>                                     </del>	-		-+		<u>.</u>	<del></del>	<del></del>
e 28,367,547.		2	4,744,84	6.		<u> </u>		3,622,701.
	ing gain in column (h) and owned by	<del></del>	_ <del></del>			) Gains (C	col (h) gain	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i)		cò	l (k), but i	not less than (from col (l	ı -0-) ar
a							•	-
b								<u> </u>
C								
d								
е					<del></del>			3,622,701.
2 Capital gain net income or (net o	capital loss) $ \begin{cases} & \text{if gain, also ente} \\ & \text{if (loss), enter -0} \end{cases} $	r in Part I, line I- in Part I, line	7 7	}	2			3,622,701.
3 Net short-term capital gain or (id	oss) as defined in sections 1222(5) ar	nd (6)						
If gain, also enter in Part I, line 8							/-	
If (loss), enter -0- in Part I, line 8		. Dad	T N-4		3	<del></del>	N/A	<del></del>
···	Under Section 4940(e) for					ome		
(For optional use by domestic priva	te foundations subject to the section	4940(a) tax on	i net investment in	icome )				
f section 4940(d)(2) applies, leave	this part blank							
Man the foundation liable for the co	ction 4942 tax on the distributable an	nount of any w	aar in the been no	1040				Yes X No
f "Yes," the foundation does not qu	alify under section 4940(e). Do not co e each column for each year, see instr	omplete this pa	art				<del></del> .	Tes A INO
(a)	(b)		The lang any one	(c)				(d)
Base periód years Calendar year (or tax year beginr	والمراجع والمراجع المراجع	tributions	Net value of no		able-use assets		Distrib (col (b) divi	ùtión ratio ded by col (c))
2010		6,296.	·	88,	157,318		100. (0) 0	.046352
2009		5,737.		74,	509,903	3.	_	.055103
2008	4,12	5,902.		83,	849,228	3.		.049206
2007		7,817.		86,	652,612			.041174
2006	3,01	2,485.		73,	993,748	3.		.040713
2 Total of line 1, column (d)						2		.232548
3 Average distribution ratio for the the foundation has been in exist	e 5-year base period - divide the total ence if less than 5 years	on line 2 by 5,	or by the number	of year	S	3		.046510
4 Enter the net value of noncharita	able-use assets for 2011 from Part X,	line 5				4	9:	9,769,245.
5 Multiply line 4 by line 3						5		4,640,268.
6 Enter 1% of net investment inco	nne (1% of Part I, line 27b)					6		51,540.
7 Add lines 5 and 6						7		4,691,808.
8 Enter qualifying distributions fro						8		4,230,180.
If tine 8 is equal to or greater that See the Part VI instructions	an line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	g a 1%	tax rate			
							-	000 DE (0014)

HEALTH FOUNDATION FOR WESTERN &

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Pa	rt VI 'Excise Tax Based on Investment Income (Section 494	l0(a), 49	940(b), 4940(	e), or 4	948 - see	instru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and e	enter "N/A"	on line 1	<u> </u>				
	Date of ruling or determination letter (attach copy of letter if ne	cessary-s	ee instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>▶</b> □ a	nd enter 1%	<b>)</b>	1	10	3,0	81.
	of Part I, line 27b							*****
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	% of Part I	, line 12, col (b)	J				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only O	Others ente	er -0-)		2			0.
3	Add lines 1 and 2				3	10	3,0	81.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others ent	er -0-)		4	<u>-</u>		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	10	3,0	81.
6	Credits/Payments	1 1						
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	130,	962.				
	Exempt foreign organizations - tax withheld at source	6b	<u></u>					
C	Tax paid with application for extension of time to file (Form 8868)	6c		<del></del>				
	Backup withholding erroneously withheld	6d	<del></del>					
	Total credits and payments Add lines 6a through 6d				7	13	0,9	<u>62.</u>
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached			8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>•</b>	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.5		<b>•</b>	10	2	7,8	81.
	Enter the amount of line 10 to be Credited to 2012 estimated tax	2 /	, 881 . Refui	nded ►	11			0.
	rt VII-A Statements Regarding Activities				· , - <u></u> -			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or (	did it participate or	intervene	ın	ļ	Yes	No
	any political campaign?					1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo					1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies	of any materials	publish	ed or			
_	distributed by the foundation in connection with the activities							v
	Did the foundation file Form 1120-POL for this year?					10		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation > \$ 0 • (2) On foundation managers			0.				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expend	_			-			
e	managers > \$ 0.	Jiture (ax ii	inposed on lounda	LIUII				
2	Has the foundation engaged in any activities that have not previously been reported to the I	פפו				2		х
	If "Yes," attach a detailed description of the activities.	1110						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrumer	nt articles of incorr	oration (	nr.			
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		it, artiolog of incorp	,01411011,1	,	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				N/A	4b		_ <del></del> -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year'	7			•	5		X
	If "Yes," attach the statement required by General Instruction T.					-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandator	ry directio	ns that conflict wit	n the state	e law			
	remain in the governing instrument?					6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨 _						
	NY							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney G	eneral (or designal	e)				
	of each state as required by General Instruction G? If "No," attach explanation					8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of se	ection 494	2(j)(3) or 4942(j)(	5) for cale	endar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," of	•				9		X
10	Did any persons become substantial contributors during the tay year?			S	ידיואידי 1 2	4.0	v	ı

HEALTH FOUNDATION FOR WE Corm 990-PF (2011) CENTRAL NEW YORK	STERN &		22-38043	98 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F			30 Fage C
<ul> <li>5a During the year did the foundation pay or incur any amount to</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955), o any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes:</li> </ul>	i 4945(e))? r to carry on, directly or indire	Ye	es X No	
<ul> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unce</li> </ul>	n described in section or educational purposes, or f	Or Ye	es X No	
section 53 4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h  the fitne answer is "Yes" to question 5a(4), does the foundation claim exemption freexpenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945	ctions)? ere om the tax because it maintal N	·	<b>▶</b> `□	5b
<ul> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa personal benefit contract?</li> <li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a part of the foundation.</li> </ul>	pay premiums on	Ye	es X No	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors		nagers, Highly		
List all officers, directors, trustees, foundation managers and their				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		245,770.	24,544.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u></u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
AMDED I CLICUMA 706 EVOUANCE	DIDECEON OF D	DOGDANG		

AMBER L. SLICHTA - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210 DIRECTOR OF PROGRAMS 0. 40.00 104,824. 11,553. KARA WILLIAMS - 100 CLINTON SQ,126 PROGRAM OFFICER SALINA ST, 3RD FLOOR, SYRACUSE, 40.00 0. 62,392. 8,538. DENISE M. LEVY - 726 EXCHANGE PROGRAM OFFICER 10,135. STREET, SUITE 518, BUFFALO, NY 14210 40.00 50,362. 0. LINDA Z. LIPPERT - 726 EXCHANGE FINANCE & OFFICE MANAGER STREET, SUITE 518, BUFFALO, NY 14210 40.00 51,616. 0. 3,380. SAMUEL KUNJUKUNJU - 100 CLINTON PROGRAM OFFICER 4,096. SQ, 126 N. SALINA ST, 3RD FLOOR, 40.00 46,033. 0. Total number of other employees paid over \$50,000

Form **990-PF** (2011)

CENTRAL NEW YORK 22-3804398 Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation CHRISTINE R. KLOTZ 46 HORTON HEIGHTS ROAD, NEWFIELD, NY 14867 CONSULTANT FEES 125,281. LISA PAYNE SIMON 76 BRANTWOOD ROAD, ARLINGTON, MA 02476 CONSULTANT FEES 70,435. MORETTI CONSULTING, LLC PO BOX 470, ORCHARD PARK, NY 14075 CONSULTANT FEES 68,250. Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 15 491,315. SEE STATEMENT 16 452,746. SEE STATEMENT 17 209,400. 4 CNY MATERNAL HEALTH. A COLLABORATIVE TO IMPROVE THE SOCIAL, EMOTIONAL, AND BEHAVIORAL WELL-BEING OF CHILDREN AGES 0-5. 134,071. Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount SEE STATEMENT 18 125,000. All other program-related investments. See instructions

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125,000.

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		······································
а		1a	98,354,741.
b	Average of monthly cash balances	1b	98,354,741. 2,933,833.
C	Fair market value of all other assets	16	
đ	Total (add lines 1a, b, and c)	1 d	101,288,574.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	101,288,574.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,519,329.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	99,769,245.
6	Minimum Investment return Enter 5% of line 5	6	4,988,462.
p	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certair	1
1	Minimum investment return from Part X, line 6	1	4,988,462.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	103,081.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,885,381.
4	Recoveries of amounts treated as qualifying distributions	4	22,400.
5	Add lines 3 and 4	5	4,907,781.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,907,781.
P	art XII Qualifying Distributions (see Instructions)	<del>1</del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		4 061 672
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	4,061,673.
	Program-related investments - total from Part IX-B	1b	125,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	43,507.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	<del>-</del>
b	,	3b	4 220 100
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,230,180.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income Enter 1% of Part I, line 27b	5	4 220 100
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	4,230,180.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies	for the section

Form **990-PF** (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				4,907,781.
2 Undistributed income, if any, as of the end of 2011	++++++++++++++++++++++++++++++++++++++	<del>~#************************************</del>	1 11 11 1111111111111111111111111111111	
a Enter amount for 2010 only		ĺ	3,970,517.	
b Total for prior years	-!    - - - - - - - - - - - - - - - -			··· '-::::::::::::::::::::::::::::::::::
		0.		
3 Excess distributions carryover, if any, to 2011	· · · · · · · · · · · · · · · · · · ·		··· · · · · · · · · · · · · · · · · ·	- 11'1 tird to 2-10; "1 111 2 111' "14
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 $\triangleright$ \$ 4,230,180.				
a Applied to 2010, but not more than line 2a			3,970,517.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		, , , , , , , , , , , , , , , , , , ,
c Treated as distributions out of corpus				•
(Election required - see instructions)	0.		111	
d Applied to 2011 distributable amount				259,663.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012		£*1,,,,	+- <u>,,                               </u>	4,648,118.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			······
8 Excess distributions carryover from 2006	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012	0.			
Subtract lines 7 and 8 from line 6a	U •			······································
10 Analysis of line 9				
a Excess from 2007 b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				
0 =20000 HOTH =0 11	·		1	····

HEALTH FOUNDATION FOR WESTERN & Form 990-PF (2011) CENTRAL NEW YORK 22-3804398 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(1)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2011 (b) 2010 (c) 2009 (d) 2008 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: 🔟 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed SEE STATEMENT 19

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

123601 12-02-11

Form **990-PF** (2011)

Form 990-PF (2011)

Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				-
SEE ATTACHMENT - TAB D				
				2,045,059
Total			▶ 3a	2,045,059
<b>b</b> Approved for future payment				
NONE				
	<u></u>			
Total			<b>▶</b> 3b	0

Part XVI-A	Analysis	of Income	Droduoina	Activition
Part AVI-A	Anaivsis	of Income-	Producing	Activities

Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	Tunction Income
a		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
b			_		
c					
d		<u> </u>			
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,760,631.	
5 Net rental income or (loss) from real estate	(M)	17 17 11 - 117 - 1-10 -		1,	<del></del>
a Debt-financed property		*************		1	***************************************
b Not debt-financed property			1 1		- · · · ·
6 Net rental income or (loss) from personal					······································
property					
7 Other investment income			18	26,326.	<del></del>
8 Gain or (loss) from sales of assets other			+ - 4	20/3200	·
	}		18	3,847,667.	
than inventory  9 Net income or (loss) from special events			+	3,041,001.	<del></del>
	<del> </del>		+ +	<del></del>	
10 Gross profit or (loss) from sales of inventory			+ +		
11 Other revenue  a RETURNED GRANT FUNDS					22 400
	· <del> </del>		+ +		22,400.
b			-		
C			+		
d	.		-		· · · · · · · · · · · · · · · · · · ·
e			1 .	E 634 604	
12 Subtotal Add columns (b), (d), and (e)		0	•	5,634,624.	
13 Total. Add line 12, columns (b), (d), and (e)				13	5,65/,024.
(See worksheet in line 13 instructions to verify calculations.)	<del></del>				
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	ome is reported in In by providing fun	column (e) of Part XVI- ds for such purposes)	A contribut	ed importantly to the accomp	olishment of
11 RETURNED GRANT FUNDS				<del></del>	
		······			
		·			<del></del>
					· · · · · · · · · · · · · · · · · · ·
		<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del></del>
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				<del></del>	
100004					

Part XVII	Information Re Exempt Organ	egarding Transfers 1	To an	d Transactions a	nd Relations	nips With Nonch	naritable		90 10
the Code (	janization directly or indi other than section 501(c	rectly engage in any of the foll )(3) organizations) or in section	ion 527,	relating to political organ		on 501(c) of		Yes	No
a Transfers 1 (1) Cash (2) Other	, •	ation to a noncharitable exemp	npt orga	nization of			1a(1) 1a(2)		X
b Other trans							19(2)		
• •		ble exempt organization					1b(1)		<u>X</u>
• •		ncharitable exempt organization	ion				1b(2)		X
, ,	l of facilities, equipment, oursement arrangements						1b(3) 1b(4)		X
* *	or loan guarantees						1b(5)		X
• •		embership or fundraising solic	citations	<b>S</b>			1b(6)		X
c Sharing of	facilities, equipment, ma	uling lists, other assets, or paid	iid emple	oyees			10		X
or services	given by the reporting f	"Yes," complete the following oundation If the foundation re other assets, or services recei	received			-		ets,	
	(b) Amount involved	(c) Name of nonchar		xempt organization	(d) Description	of transfers, transactions, a	ind shanng arr	angeme	nts
	<u> </u>	N/			1,27,				
					<del> </del>				
		<del>                                     </del>				<del></del>			
				<del></del>	1				
				<del></del>		<del></del>			
		<del>                                     </del>							
		<del></del>			<del>-</del>				
							<del></del>		
							<del></del>		
ın section	•	ctly affiliated with, or related to or than section 501(c)(3)) or in			izations described		Yes	X	] No
<u>п птез, се</u>	(a) Name of or		Τ	(b) Type of organization		(c) Description of relation	nship		
	N/A			· · · · · · · · · · · · · · · · · · ·				_	
						<del></del>			
	<del></del>			<del> </del>	<del> </del>	<del></del>			
Sign Here	elief it is tribe correct, and co	that thave examined this return, in implete Disclaration of preparer (oth		axpayer) is based on all inform	PRESIC	has any knowledge.	May the IRS of return with the shown below  X Yes	e prepar (see ins	er
Sign	Print/Type preparer's n		rer's sigi	Date	Title Date	Check If PTI	N		
Paid	MICHAEL J.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Lumpa	gladia	self- employed	01295	846	
Preparer Use Only		ASDEN & MCCORM	MICK	LLP	1 VE- 1	Firm's EIN ▶ 16-			
_		9 FRANKLIN ST		T					
	]BU	JFFALO, NY 142	202	·		Phone no (71	6)856		
							Form <b>990</b>	-PF(	2011)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

HEALTH FOUNDATION FOR WESTERN &

OMB No. 1545-0047

2011

**Employer identification number** 

\$

CENTRAL NEW YORK 22-3804398 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990: or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

HEALTH FOUNDATION FOR WESTERN &

Employer Identification number

CENTRAL NEW YORK

22-3804398

Part F	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENESEE VALLEY GROUP HEALTH ASSOC  165 COURT STREET  ROCHESTER, NY 14647	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	realite, doctress, and air + 4	\$	Person Payroll Noncash Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	22.12		Person Payroll Noncash (Complete Part II if there is a noncash contribution)

CENTRAL NEW YORK

Name of organization
HEALTH FOUNDATION FOR WESTERN &

Employer identification number

22-3804398

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

· 1	<del></del>		<del> </del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (2

	Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2011)
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Name of org			Employer identification number
	H FOUNDATION FOR WESTER AL NEW YORK	RN &	22 2804200
Part III		the following line entry. For organizati tc , contributions of <b>\$1,000 or less</b> fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the lons completing Part III, enter or the year (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gi	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}	Transferee's name, address, a	(e) Transfer of gi	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of air	
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

# FIXED INCOME

Holdings* (Description sorted by Matuny)	Par Value	Cost	Price/***	Markel Value	Accrued	Total Market Value***	Esimeted Annual Income	Current Yield
Taxable Fixed Income Funds								
PIMCO FDS PAC INVT MGMT SER TOTAL RETURN FD III INSTL CL FUND #105 (CUSIP #693390866)	692,896 95	6,257,617 34	9.56	6,624,094.84	19,905.86	6,644,958	212,026	3.20%
VANGUARD INFLATION-PROTECTED SECURITIES FUND (CUSIP #'922031737)	77,670 52	1,760,002.14	27.71	2,152,250.11	0.00	2,152,250.11	88,311	4 10%
VANGUARD INTERMEDIATE-TERM TREASURY FUND (CUSIP #:022031828)	284,246 03	3,332,631.87	11 70	3,325,678.55	000	3,331,593	71,346	2 14%
Total Fixed income	<b>6</b>	\$11,350,251.35	<b>.</b>	\$12,102,023.50	\$19,905.86	12,128,801	\$371,683	3.07%

Holdings* (Description sorted by type/alphabetical)	Shares	Cost	Pnce/Unit***	Markel Value	Accrued Income	Estimated Annual Income	Current Yield
Global/Intl Equity Mutual Fds VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND (Ticker Symbol VTSGX)	118,993.43	3,794,356.56	26.20	3,117,627.87	0.00	59,616	191%
U.S. Equity Mutual Funds							
ARTISAN FDS MID CAP FD INSTL SHS #1333 (CUSIP #:04314H600)	43,972.19	1,075,307.09	94 10	1,499,451 68	00 0	0	%00.0
HARBOR INTERNATIONAL FUND-INST'L CL FD#11 (Ticker Symbol HAINX)	168,432.33	9,333,718 35	52.45	8,834,275 71	0.00	221,657	2.51%
SSGA S&P 400 MIDCAP INDEX (NON-LENDING) CM/DNON PRICES EFFECTIVE AS OF 11/30/09 (CUSIP #792994107)	203,200.76	3,544,667.79	23.79	4,853,252	00 0	0	0.00%

Currant Yield	%000	0.97%
Estimated Annual Income	•	\$281,273
Accrued Income	00 0	\$0.00
Market Value	10,641,787	① 28,946,394
Price/Unit***	16.38	
Cost	9,741,817.66	\$27,489,867.45
Shares	645,962 33	
Holdings* (Description sorted by type/alphabetical)	SSGA SSB S & P 500 TOBACCO FREE INDEX FD CTF (CMDs) PRICE EFFECTIVE DATE 11/30/09 (CUSIP # 7722893344)	Total Equities

Holdings* (Description sorted by type/alphabetical)	Shares	Cost	Pnce/Unit***	Market Value	Ассгива Іпсотв	Estunated Annual Income	Current Yield
U.S. Common Stocks		•					
ALLERGAN INC (Ticker Symbol AGN)	1,003 00	49,359 23	87 74	88,003.22	0.00	201	0 23%
AMAZON.COM INC (Ticker Symbol AMZN)	617.00	79,813.98	173.10	106,802 70	000	0	% 00 0
AMERICAN TOWER CORP CL-A (Ticker SymbolamT)	2,711.00	93,640.11	60.01	162,687 11	0.00	0	0.00%
APPLE INC (Ticker Symbol AAPL)	275.00	45,038.49	405 00	111,375.00	0.00	0	0.00%
CELGENE CORP (Ticker Symbol CELG)	3,106.00	171,460.13	67 60	209,965 60	0.00	0	0.00%
CME GROUP INC (Ticker Symbol.CME)	644.00	175,008 79	243 67	156,923 48	0.00	3,606	2 30%
COACH INC (Ticker Symbol COH)	2,219.00	123,205.00	61.04	135,447 76	444 38	1,997	1 47%
COGNIZANT TECHNOLOGY SOLUTIONS CORP (Ticker Symbol CTSH)	2,724.00	94,198 61	64.31	175,180 44	00 0	0	0.00%

Holdings* (Description sorted by type/alphabelical)	Shares	Cost	Pnce/Jni	Market Value	Accrued	Estimated Annual Income	Current Yield
ECOLAB INC (Ticker Symbol ECL)	1,081.00	59,824.52	57.81	62,492.61	157.80	865	1.38%
GOOGLE INCCL A (Ticker Symbol GOOG)	230.00	124,593.77	645 90	148,557 00	0.00	0	%000
ILLUMINA INC (Ticker Symbol ILMN)	3,348 00	176,929 83	30 48	102,047 04	0.00	0	%00 o
INTUITIVE SURGICAL INC (Ticker Symbolisrg)	308.00	87,502.29	463.01	142,607.08	000	o	%00.0
MEAD JOHNSON NUTRITION CO-A (Ticker Symbol.MJN)	1,328.00	94,999 30	68.73	91,273.44	196 56	1,381	1.51%
NATIONAL-OILWELL INC (Ticker Symbol NOV)	1,837.00	128,332 60	66 29	124,897 63	00 0	882	0 71%
ORACLE CORPORATION (Tacker Symbol ORCL)	5,053.00	134,021 51	25.65	129,609.45	0.00	1,213	0.94%
PRAXAIR INC (Ticker Symbol PX)	1,018 00	83,844.87	106.90	108,824.20	0.00	2,036	187%
QUALCOMM INC (Ticker Symbol.QCOM)	3,549.00	142,381.68	54.70	194,130 30	0.00	3,052	1.57%
QUANTA SERVICES INCORPORATED (Ticker Symbol PWR)	4,853.00	103,238.63	21.54	104,533 62	0.00	o	0.00%
SOUTHWESTERN ENERGY CO (Ticker Symbol SWN)	1,754.00	68,931 34	31.94	56,022 76	0.00	0	%000
T ROWE PRICE GROUP INC (Traker Symbol,TROW)	3,148.00	157,721 27	56 95	179,278.60	0.00	3,904	2 18%

<sup>\*</sup> All values reported in U.S. dollars
\*\* Includes Accrued Income
\*\*\* Prices are rounded to the nearest 100th decimal place for statement formatting purposes

# EQUITIES

Estmated Current Annual Income Yield	1,676 0.87%	2,826 1.93%	\$23,639 0.81%
Accrued E	00 0	0.00	\$798.74
Markel Value	193,313 12	146,285.79	2,931,057
Price/Unit***	101.53	59.01	Θ
Cost	127,676.06	109,939.53	\$2,431,661.54
Shares	1,904.00	2,479.00	
Holdings* (Description sorted by type/alphabetical)	VISA INC-CLASS A (Ticker Symbol V)	YUM] BRANDS INC (Traker Symbol YUM)	Total Equities

Σ (ξ) 31,877,452

OTHER

Holdings* (Description sorted by type/alphabetical)	Quantity	Cost	Proe/Unit***	Market Value	Accrued	Estimated Annual Income	Currant Yreld
Hedge Equity Funds AEW GLOBAL PROPERTY SECURITIES FUND LIMITED PARTNERSHIP PRICE AS OF 05/31/11 (CUSIP # 008990148)	100 00	2,074,830.42 17,561 85	17,561 85	2,317,716	00 0	o	%000
Hedge Funds WELLINGTON ARCHIPELAGO HOLDINGS LTD (GUSIP # 949990105)	293,378.37	6,000,000.00	20.13	5,842,982	0.00	0	%00 O
Other Assets							
COLCHESTER GLOBAL BOND FUND (CUSIP#191990100)	161,071 64	4,207,706 71	29.55	4,815,585	00 0	0	%00.0
EMERGING MARKETS COUNTRY FUND (CUSIP #.289999013)	142,439.72	8,500,000 00	47 91	6,672,998	0.00	0	%000

## OTHER

Holdings* (Description sorted by type/alphabetical)	Quantify	COS	Price/Uniter	Market Value	Accrued Income	Esumaled Annual Income	Current Yield
WELLINGTON TRUST FUND CTF STRATEGIC REAL ASSET (CUSIP #999021EP2)	358,573.87	4,415,008 11	14 39	4,972,+13	0.00	0	%00.0
Partnerships							
ARCHSTONE EQUITY STRATEGIES OFFSHORE FUND, LTD PRICE EFFECTIVE DATE 11/30/2011 (CUSIP ** 039990106)	46,710 58	6,500,000.00	126 26	5,867,881	0.00	0	0.00%
GUGGENHEIM PLUS II L P (CUSIP # 99817GG8)	319 13	347,320.16	1,526.82	518,934	000	0	%00 o
GUGGENHEIM REAL ESTATE INVESTMENT 12% PREFERRED TRUST (CUSIP #999817HHS)	1.00	200 00	90.00	560.00	0.00	0	%00 0
SILCHESTER INTI. INVESTORS TOBACCO FREE INTI. VALUE EQUITY TRUST (CUSIP #.826890202)	214,810 08	6,510,208.86	43.16	9,354,832	000	0	%00:0
TIFF ABSOLUTE RETURN POOL SERIES 1 LIMITED PARTNERSHIP PRICE EFFECTIVE DATE 10/31/2011 (CUSIP #1886498110)	6,676.50	11,595,275 00	1,896 13	12,509,286	00 0	0	%000
Total Other		\$50,150,849.26		52,873,198	\$0.00	0\$	0.00%

### HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK

## EIN: 22-3804398 DECEMBER 31, 2011 TAB B - PART I, LINE 23, STATEMENT 8

The following expenses were paid in connection to the Foundation's direct charitable activities. These initiatives were funded and sponsored by the Foundation and include programs that are intended to improve the health and healthcare of the people and communities in the Western and Central New York areas.

### Expenses incurred for such initiatives include:

Program Consultant Fees	349,737
Evaluation Consultant Fees	186,058
Marketing/PR Consultant Fees	29,844
Web Consultant Fees	783
Programatic Legal Counseling	3,030
Consultant Fees - Other	47,043
Speakers Fees	25,450
Travel Reimbursement	31,417
Meals, Lodging and Location Fees	118,917
Telephone/Conference Calls	9,815
Mailing and Postage	2,081
Printing	46,245
Office Supplies	25,059
Total Expenses Incurred and Paid:	875,479

Note: All other expenses (not including the above amounts) reported on Form 990-PF, Part I, Lines 13 through 23 are general administrative expenses of the Foundation.

### HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK EIN 22-3804398 DECEMBER 31, 2011 TAB B - PART I, LINES 4, 6, AND 7

	Column A Revenue and expenses per books	Pass-through income from Schedules K-1	Column B Net Investment Income
Dividends and interest from securities			
Various HSBC investments	800,574	-	800,574
Silchester Intl Investors Tobacco Free	291,232	234,678	234,678
Guggenheim Plus II LP	55,627	8,028	8,028
S&P 400 Midcap Index	76,322	88,156	88,156
S&P 500 Tobacco Free Index	302,528	329,047	329,047
WTC - CTF Strategic Real Asset Portfolio	73,006	93,603	93,603
Colchester Global Investors, Inc	227,542	463,971	463,971
Emerging Markets	(122,886)	12,928	12,928
AEW Global Property Securities Fund	56,686	46,925	46,925
Total Dividends	1,760,631	1,277,336	2,077,910
	Part I, Line 4, Column (2)		Part I, Lane 4, Column (b)
	Column A Revenue and expenses per books	Pass-through income (loss) from Schedules K-1	Column B Net Investment Income
Net gain from sale of assets			
Gam from sale of publicly traded securities	1,299,810	-	1,299,810
Capital Gain Distributions	137,404	-	137,404
Class action settlement receipts	2,250	-	2,250
Sale of S&P 400 Midcap Index	837,919	-	837,919
Sale of S&P 500 Tobacco Free Index	1,039,406	-	1,039,406
Silchester Ind Investors Tobacco Free	353,634	1,821	1,821
Guggenheim Plus II L.P.	(31,963)	(697)	(697)
S&P 400 Midcap Index	•	310,837	310,837
S&P 500 Tobacco Free Index	-	157,837	157,837
WTC - CTF Strategic Real Asset Portfolio	7,815	130,422	130,422
Colchester Global Investors, Inc.	196,384	42,086	42,086
AEW Global Property Securities Fund	5,008	(217,605)	(217,605)
City of London Emeging Markets	-	(118,789)	(118,789)
Total net gain from sale of assets	3,847,667	305,912	3,622,701
	Part I, Line 6a, Column (a)		Part I, Line 7, Column (b)

System No.	S Description	Date in N Service	Method / Conv.	egi.	Cost / Other Basis	Bus/Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
FURNITU	FURNITURE & EXTURES COMES COMES			A COLLEGE TO THE SECOND OF THE							THE STATE OF THE S
27	OFFICE FURNITURE	9/9/2002 St	2 SL / N/A	7 0000	200.00	100.0000	000	0.00	200 00	000	200 00
28	FURNITURE (2)40R LATERAL FILES	11/6/2002 SL	/N/A	7 0000	734 40	100 0000	000	000	734 40	000	734 40
83	FILE CABINET	4/8/2003 SL /		7.0000	229 60	100.0000	000	0.00	229 60	000	92 629
30	BOOKCASES	8/1/2003 SL /	VN/.	7.0000	366 00	100.0000	000	000	366 00	0.00	366 00
31	TELEPHONE SYSTEM	2/24/2004 SL	4 SL / N/A	5 0000	1,995.00	100.0000	000	000	1,995 00	000	1,995 00
32	NEW PHONE SYSTEM	4/30/2004 SL	4 SL/N/A	5.0000	1,995 00	100 0000	000	0.00	1,995 00	0.00	1,995.00
83	NEW OFFICE FURNITURE	4	/N/A	2 0000	18,021 01	100.0000	0.00	000	17,162 87	858.14	18,021 01
34	SYRACUSE OFFICE FURNITURE	S	SL/N/A	7 0000	4,228 43	100.0000	000	0.00	3,523 68	604 06	4,127 74
35	NEW FURNITURE LARKIN	3/29/2007 M	7 M / HY	7 0000	9,541.99	100.000	000	80	6,561.36	85161	7,412 97
36	SOS 2 CREDENZAS	6/1/2007 M / HY	Ή/	7.0000	510 84	100.0000	000	00:0	351.31	45 58	396 89
37	MILLINGTON OFFICE FURNITURE	6/1/2007 M / HY	¥.	2 0000	898 84	100.000	80	0.00	618 10	8021	698 31
88	RICOH AFICIO COPIER/PRINTER/SCAN/F/	11/28/2007 M / HY	Ή/	5 0000	7,511 00	100 0000	000	0.00	6,213 09	865.27	7,078 36
စ္တ	FILE CABINET & TOP ANN'S OFFICE	4/23/2008 SL / N/A	N/A	2 0000	940 62	100.0000	000	000	358 32	134.37	492 69
9	POLYCOM	9/3/2008 SL / N/A	VN/	2 0000	2,033 90	100:0000	000	0.00	677.97	290.56	968 53
<b>გ</b>	8 Chairs (Knoll)	6/2/2010 MSL / MQ	۲/MQ	7.0000	3,556 96	100 0000	000	000	317 59	508.14	825.73
4	4 Rectangular Tables	6/2/2010 MSL / MQ	۲/MQ	7 0000	777 40	100 0000	0.00	0.00	69 41	111.06	180 47
9	Office Furniture - Buffalo	12/21/2010 MSL / MQ	SL/MQ	2 0000	8,832.62	100.000	000	0.00	157 73	1,261 80	1,419 53
53	Furniture - Syracuse	0	۲/Mo	2 0000	4,361 45	100 0000	0.00	000	109 04	872.29	981 33
54	Furniture for Two offices - Buffalo	_	SL/N/A	2 0000	6,923 95	100.000	80	0.00	000	1,153 99	1,153 99
57	Office Furniture	_	SL / N/A	2 0000	1,553 56	100 0000	000	0.00	0.00	181 25	181 25
28	Hectangular Desk	6/20/2011 SL	SL/N/A	2.0000	221.00	100 0000	80	80	8	22 10	22 10
Sublicial:	SUBIDIAL FURNITURE & FIXTURES				75,783,57		0.00	0.00	41,990.47	7,840.43	49,830 90
Less di	Less dispositions and exchanges:			•	0:00	,	0.00	0.00	000	0.00	00 0
Net for: FL	Net for: FURNITURE & FIXTURES			. 1	75,783.57		00 0	00.00	41,990.47	7,840.43	49,830.90
LEASEHO	LEASEHOLD IMPROVEMENTS		の意思	を記れている。		是一种的一种。 1000年,10		大学作品的 N. W.	A CONTRACTOR OF THE PERSON OF	が開発を使うない。	<b>建筑建筑建筑</b>
14	LEASEHOLD IMPROVEMENTS-LARKIN		. ME / HY	2 0000	12,426 80	100.0000	0.00	000	9,321 34	2,070 31	11.39165
48	Syracuse Improvement			15 0000	20,000 00	100 0000	0.00	000	166 67	1,333 33	1,500 00
49	Buffalo Improvements	12/20/2010 MS	D MSL / MQ	15 0000	56,565 50	100.0000	000	000	471 38	3,771 03	4,242 41
Subtotal: L	Subtotal: LEASCHOLD IMPROVEMENTS				88,992.30		0.00	0.00	9,859.39	7,174.67	17,134.06
Less dis	Less dispositions and exchanges:			1	0.00	ı	000	000	00 0	00 0	00 0
Net for: L.E.	Net for: LEASEHOLD IMPROVEMENTS			13	88,992.30	ļ	0.00	0.00	9,959.39	7,174.67	17,134.06
Subtotal: Lass dis	seduritive pir suo				288 293 48		000	0000	00.0	31.101.20	116,692,43
Grand Totals:	<b>318.</b> 安元中点:"将 经外外通讯"至"现务"的扩展。由此中间,	的學術學家的	強強強		288 293 49	10000000000000000000000000000000000000	000	00'0	86,591.23	31,101,20	116.692.43

EQUIPMENT  PRINTER & SUPPLIES  PRINTING SUPPLIES  CUSTOM BUILD COMP SYSTEM  4/17/2002  4/17/2002  CUSTOM BUILD COMP SYSTEM  GIG3 PACK ONSTREAM MEDIA  GIG3/2002  10 BACKUP MYPC SOFTWARE  BACKUP MYPC SOFTWARE  COMPUTER (CP-PRO  11/12/2002  11/12/2002  11/12/2002  11/12/2002  11/12/2002  11/12/2002  11/12/2002  11/12/2002  11/12/2002  11/12/2003	STEM 10/29/2002 4/17/2002 4/17/2002 10/29/2002 10/29/2002 10/29/2002 10/29/2002 11/12/2002		5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 3.0000 3.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000	2,109.95 1,199.00 1,199.00 1,199.00 1,199.00 1,99.00 1,99.00 7,99.00 7,19.00 1,080.00 1,139.40 1,709.00 2,056.46 459.98 300.00 8,231.96	100.0000 100.0000	0000 0000 0000 0000 0000 0000 0000 0000 0000	000 000 000 000 000 000 000 000 000 00		000	480 00
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	9	\$\d\d\d\d\d\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 0000 5 0000 5 0000 5 0000 5 0000 5 0000 5 0000 5 0000	799.00 718.00 1,080.00 1,199.99 1,139.40 1,709.00 2,056.46 459.98 300.00 8,231.96	100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000 100.0000	888888888888888888888888888888888888888	00000000000000000000000000000000000000	ਜੋ ਕੀਜੀਜੀ	000	299 00
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			5.0000 5.0000	300.00 8,231.96	100.0000	0.00		433.49	26.49	459.98
			5.0000	8,231.96	100.000	2	0.00	282.72	17.28	300.00
						9	0.00	6,809.48	948.32	7,757.80
			5.0000	199.99	100.0000	0.00	0.00	165 4 4	8.83 8.83	188.47
	•	2007 M / HY	2 0000	180 00	100.000	0.00	000	148 90	20.73	169 ස
		6/1/2007 M / HY	2 0000	1,975 50	100.0000	0.00	8	1,634.12	227.59	1,861 71
			9.0000	1,755 86	100.0000	000	0.00	1,250 18	202.28	1,452.46
	0		5.0000	1,915.91	100.000	000	0.00	326 02	383.18	1,309.20
	-		5.0000	1,006 34	100.0000	000	86	452 86	201.27	654.13
	/1//	જું :	5.0000	3,386.21	100.0000	0.00	0.0	38 510,1	677.24	1,693.10
	12/17/2010	નું જ	5.0000	6,040.00	100.0000	000	88	00.161	1,208.00	1,359.00
	12/20/2010		20000	6,880.00	000000	3 6	88	164 63	1,378,00	62.066,1
	12/20/2010		5.0000	0,301.22	100.000	8.8	88	3 5	06 990	1,48077
	12/23/2010	ZOTO MSL/ MC	3.000	350.00	100.000	88	800	33.75	220.00	303 75
-			2000	47 194 18	100 0000	000	000	000	7.079 13	7.079.13
	4		5.0000	2.471.83	100.000	0.00	0.00	000	329 58	329 58
		-	5 0000	209.97	100.000	000	000	000	17 50	17 50
			5 0000	267.00	100.0000	000	000	0.00	47.25	47.25
61 1510x Projector - Syr		8/1/2011 SL / N/A	2 0000	733 09	100.0000	000	000	000	61.09	61.09
62 460 mini tower w/ 2 yr. warranty - syr			2 0000	1,229 00	100.0000	0.00	0.00	000	102.42	102.42
63 2 Lat E6420 laptops w/2 yr warranty - syr			5.0000	3,768.00	100.000	000	0.00	800	314.00	314 00
64 Computers	8/19/2011	2011 SL / N/A	2000	2,232 39	100:000	0.00	0.00	200	148.83	148.83
Subtotal. EQUIPMEN				123,517.62		0.00	0.00	33,641.37	16,086.10	49,727,47
Less dispositions and exchanges:			-	0.00	j	800	0.00	000	000	800
Net for: EQUIPMENT				123,517.62		0.00	0.00	33,641.37	16,086.10	49,727.47

Organization  ACCORD Corporation	Address 84 Schuyler Street P O Box 573 Belmont, NY 14813		CHOMPES		
ACCORD Corporation	84 Schuyler Street P O Box 573 Belmont, NY 14813	501c3	CHOMPERS	\$	6,500
	85 North Main Street, Sulte 4 Wellsville, NY 14895	501c3	CHOMPERS	\$	20,000
American Red Cross, Greater Bflo Chapter		501c3	Falls Prevention	\$	50,000
Baker Victory Services	780 Ridge Road Lackawanna, NY 14218	501c3	WNY Neighborhood Action	\$	8,250
Baker Victory Services	780 Ridge Road Lackswanna, NY 14218	501c3	CHOMPERS	\$	35,000
		501c3	Childrend of Trauma Training	\$	3,466
Belle Center, The	The Belle Center 104 Maryland Street Buffalo, NY 14201	501c3	Community Health Workers	\$	104,700
Belle Center, The	The Belle Center 104 Maryland Street Buffalo, NY 14201	501c3	Community Health Workers	\$	104,700
-	65 Niagara Square, Room 2400 Buffalo, NY 14202	501c3	Klds QIC/Right Start	\$	9 920
Brothers of Mercy Nursing Home Co ,inc.		501c3	Falls Prevention	\$	15,000
_	Continuing Care Foundation 291 North Street Buffalo, NY 14207	501c3	Frailty Index Study	\$	2,300
· · · · · · · · ·	Continuing Care Foundation 291 North Street Buffalo, NY 14207	501c3	Frality Index Study	\$	700
Cattaraugus Wyoming Co Project HS	101 South 19th Street Olean, NY 14760	501c3	CHOMPERS	\$	20,000
Cattaraugus Wyoming Co Project HS	101 South 19th Street Olean, NY 14760	501c3	CHOMPERS	\$	6,500
Central NY Community Foundation	431 E Fayette St Suite 100 Syracuse, NY	501c3	CNY Manternal Child Health	\$	10,000
Central NY Community Foundation	431 E Fayette St Suite 100 Syracuse, NY	501c3	CNY Manternal Child Health	\$	90,000
Chautauqua Center, Inc., The	c/o Chautauqua County Health Network 200 Harrison St Suite 2 Jamestown, NY 14701	501c3	FQHC	\$	15,000
Chautauqua Center, Inc., The	c/o Chautauqua County Health Network 200 Harrison St. Suite 2 Jamestown, NY 14701	501c3	FQHC	\$	15,000
Chemung County Child Care Council, Inc.	Attn. Jane Dean, Finance Manager 571 St. Joseph's Blvd. Suite 205 Elmira, NY 14901	501c3	SFLF - Cavity Free Kids	\$	5,000
Chemung County Child Care Council, Inc.	Attn Jane Dean, Finance Manager 571 St Joseph's Blvd Suite 205 Elmira, NY 14901	501c3	SFLF - Cavity Free Kids	\$	10,000
Child Care Solutions, Inc.	6724 Thompson Road Syracuse, NY 13211	501c3		\$	25,000
Children's Dental Health Project	1020 19th Street, N W #400 Washington, DC 20036	501c3		\$	49,900
Clean Air Coalition of WNY	341 Delaware Ave Buffalo, NY 14202	501c3	Clean Air	\$	5,000
Community Foundation for Greater Buffak	712 Main Street Buffalo, NY 14202	501c3	Green and Healthy Homes	\$	11,563
Community Foundation for Greater Buffalo	712 Main Street Buffalo, NY 14202	501c3		\$	8,800
Crouse Health Foundation	5 West Tower 736 Irving Avenue Syracuse, NY 13210	501c3		\$	
Daemen College	4380 Main Street Amherst, NY 14226	501c3		s	2,000 6,000
DentaQuest institute	2400 Computer Orive Westborough, MA 05181	501c3	CHOMPERS		
DentaQuest Institute	2400 Computer Drive Westborough, MA 05181	501c3		\$	11,900
DentaQuest Institute	2400 Computer Drive Westborough, MA 05181			\$	11,900
DentaQuest institute	2400 Computer Drive Westborough, MA 05181	501c3		\$	3,500
D'Youville College		501c3		\$	16,500
-	320 Porter Avenue Buffalo, NY 14201	501c3		\$	6,000
D'Youville College	320 Porter Avenue Buffalo, NY 14201	501c3	Gerlatric Workforce	\$	6,000
East Hill Family Medical, Inc.	144 E Genesee Street Suite 500, Metcalf Plaza Auburn, NY 13021	501c3		\$	35,000
East Hill Family Medical, Inc.	144 E Genesee Street Suite 500, Metcalf Plaza Auburn, NY 13021	501c3		\$	5,000
Eighth District Dental Society	Memorial Education Foundation, Inc. 3831 Harlem Road Buffalo, NY 14215	501c3	CHOMPERS	\$	15,000
Eldercare Foundation, Inc.	723 James St. Syracuse, NY 13203	501€	Support the Gift of age Cabaret	\$	5,000
Eilzabeth Pierce Olmsted, M D Center	Ronald S Maler 1170 Main St. Buffalo, NY 14209	501c3	Bulger Vision Rehab Center	\$	25,000
Elizabeth Pierce Olmsted, M D Center	Ronald 5 Maler 1170 Main St. Buffalo, NY 14209	501c3	Bulger Vision Rehab Center	\$	30,000
Family & Children's Service of Niagara	1522 Main Street Niagara Falls, NY 14305	501c3	Family and Child	\$	14,750
Family & Children's Service of Niagara	1522 Main Street Niagara Falls, NY 14305	501c3	Family and Child	\$	15,500
Gifford Foundation, Inc., The	126 North Salina St 3rd floor Syracuse, NY 13202	501c3	CNY Neighborhood Action	\$	3,600
Gifford Foundation, Inc., The	126 North Salina St. 3rd floor Syracuse, NY 13202	501c3	CNY Neighborhood Action	\$	3,600
Grantmakers in Aging	2001 Jefferson Davis Highway Suite 504 Arilington, VA 22202	501c3	GIA	\$	3,500
Grantmakers in Health	1100 Connecticut Avenue, NW Suite 1200 Washington, DC 20036-4110	501c3	GIH	\$	4,500
Health Advancement Collaborative of CNY	109 South Warren Street State Tower Bldg ,Suite 2000 Syracuse, NY 13202	501c3	HAC-CNY	5	50,000
Health Advancement Collaborative of CNY	109 South Warren Street State Tower Bldg ,Suite 2000 Syracuse, NY 13202	501c3	HAC-CNY	\$	15,00D
Health Ministry of the Southern Tier	300 Nasser CMc Center Plaza Suite 230 Corning, NY 14830	501c3	Increased access to healthcare for the uninsured	s	50,000
HEALTHELINK	d b a HEALTHeLINK 2568 Walden Ave Suite 107 Buffalo, NY 14225	501c3	Increased access to healthcare for the uninsured	s	46,875
Healthy Community Affiance, Inc.	1 School Street Suite 100 Gowanda, NY 14070	501c3		5	50,000
Healthy Community Alliance, Inc.	1 School Street Suite 100 Gowanda, NY 14070	501c3		5	18,500
Heart of the City Neighborhoods, Inc.	42 Plymouth Avenue Buffalo, NY 14201	501c3	_	\$	35,000
Holy Cross Head Start, Inc.	150 Maryland Street Buffalo, NY 14201	501c3			
Holy Cross Head Start, Inc.	150 Maryland Street Buffalo, NY 14201	50163		\$	6,500
Human Services Coalition of Tompkins Co				\$	20,000
		501c3		5	50,000
Human Services Coalition of Tompkins Co		501c3		\$	50,000
Jericho Road Family Practice	184 Barton Street Buffalo, NY 14213	501c3		\$	34,096
Jericho Road Ministries, Inc.	184 Barton Street Buffalo, NY 14213	501c3	Jericho Road Diabetes	\$	3,864
Kaleida Health Finance Dept	attn Hope Zagst, Grants Accountant 726 Exchange Street, Suite 200 2nd Floor Finance Dept. Buffalo, NY 14210	501c3	Early Child Mental Health - Help Me Grow	\$	20,000
Learning Partners	14 Pine Court North West Seneca, NY 14224	501c3	Falls Prevention	5	25,000
LeMoyne College	1419 Salt Springs Road Syracuse, NY 13214	501c3	Gerlatric Workforce	\$	6,000
Menorah Campus, Inc.	2700 North Forest Road Gatzvilla, NY 14068	501c3	Town Square for the aging	\$	50,000
Mohawk Valley Perinatal Network, Inc.	1000 Cornelia Street 2nd Floor Utica, NY 13502	501c3	CHOMPERS	\$	6,500
Mohawk Valley Perinatal Network, Inc.	1000 Cornella Street 2nd Floor Utica, NY 13502	501c3	CHOMPERS	\$	20,000
National Quality Forum	1030 15th St, NW Suite 800 Washington, DC 20005	501c3	NOF	\$	250
New York Academy of Medicine, The	1216 Fifth Avenue New York, NY 10029	501c3	CNY Manternal Child Health	\$	10,935

Section Health Cart Cart Cart Cart Cart Cart Cart Cart	Niagara University	Institutional Adv Dept , CFR Office PO Box 2008 Clet Hall - 2nd fl., Rm 2205	501c3	WNY Neighborhood Action	\$ 10,805
Chain General Hospital Gundish Dertal Lts 1515 Main Street Olizon, NY 14760   510.00   510.	Northwest Buffalo Comm Health Care Cta	155 Lawn Avenue Buffalo, NY 14207	501c3	Safety Net	\$ 86,750
Concide a County Open of Aging & Youth   421 Montagemeny Street, 13th Floor Syracuse, NY 13701   510.0   510	Northwest Buffalo Comm Health Care Cu	155 Lawn Avenue Buffalo, NY 14207	501c3	Community Health presence	\$ 6,000
Concisional Country Dept of Aging & Youth   12 Montgarmery Streek, 13th Floor Syracuse, NY 13201   1300 Chiesa Community Health   2000 Chiesa Community Health   2000 Chiesa Community Health   2000 Chiesa Community Health   2010 Chiesa	Olean General Hospital Gundlah Dental C	tr 515 Main Street Olean, NY 14760	501c3	CHOMPERS	\$ 35,000
Conteaus Community Health   200 Olio Sireet Medins, MY 14103   50,000   CHOMPES   5,000   CHOMPES	Onondaga County Dept. of Aging & Youth	421 Montgomery Street, 13th Floor Syracuse, NY 13201	501c3	Falls Prevention	\$ 50,000
Community Meshith   200 Onho Street Medita, NY 14103   201 Onho Street Medita, NY 14203   201 Onho Street Medita, NY 14204   201 Onho Street Medita, NY 14204   201 Onho Street Medita, NY 14	Onondaga County Dept of Aging & Youth	421 Montgomery Street, 13th Floor Syracuse, NY 13201	501c3	Falls Prevention	\$ 75,000
PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00   CHOMPES   5 0,000     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00   CHOMPES   5 0,500     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00   CHOMPES   5 0,500     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00   CHOMPES   5 0,500     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1322-1323   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 2nd Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street 10 Floor Syracus, NY 1422-13   501.00     PEACE_Inc.   217 South Salins Street	Orleans Community Health	200 Ohio Street Medina, NY 14103	501c3	CHOMPERS	\$ 6,500
PEACE_Inc.   175 South Sallina Street 2nd Floor Syracuse, NY 13202-1323   56,000   50,000	Orleans Community Health	200 Ohio Street Medina, NY 14103	501c3	CHOMPERS	\$ 20,000
P2 Collaborative of WWY	P E.A C.E , Inc.	217 South Salina Street 2nd Floor Syracuse, NY 13202-1323	501c3	CHOMPERS	\$ 20,000
P2 Collaborathe of WNY   6225 Sheridan Drive Williamsville, NY 14221   5012   50120	P E.A.C.E , Inc.	217 South Salina Street 2nd Floor Syracuse, NY 13202-1323	501c3	CHOMPERS	\$ 6,500
P2 Collaborative of WNY 6225 Sheridan Orive Williamvollle, NY 14221 5012 Transitions of Care \$ 30,348 P2 Collaborative of WNY 6225 Sheridan Orive Williamvollle, NY 14221 5012 3012 72 Cvent \$ 30,348 P2 Collaborative of WNY 6225 Sheridan Orive Williamvollle, NY 14221 5012 5012 72 Cvent \$ 10,000 P2 Collaborative of WNY 6225 Sheridan Orive Williamvollle, NY 14221 5012 5012 5012 72 Cvent \$ 10,000 P70 Action of Steuben and Yates, Inc. 17 East Steuben St. Sulte 11 Bath, NY 14810 5012 5012 5012 5012 5012 5012 5012 50	P2 Collaborative of WNY	6225 Sheridan Orive Williamsville, NY 14221	501c3	Regional Medicald Collaborative	\$ 5,287
P2 Collaborative of WNY	P2 Collaborative of WNY	6225 Sheridan Drive Williamsville, NY 14221	501c3	Regional Medicaid Collaborative	\$ 3,577
P2 Collaborative of WNY 6225 Sheridan Drive Williampville, NY 14221 5012 P2 Cvent 510,000 P2 Collaborative of WNY 6225 Sheridan Drive Williampville, NY 14221 5012 Sheridan Drive Williampville, NY 14226-0900 Sheridan My 14226-0900 Sheridan She	P2 Collaborative of WNY	6225 Sheridan Orive Williamsville, NY 14221	501c3	Transitions of Care	\$ 400
P2 Collaborative of WNY 6225 Sheridan Orive Williamsville, NY 14221 50.00 Pro Action of Steuben and Yates, Inc. 117 East Steuben St Sulte 11 Bath, NY 14810 50123 SFLF - Cavity Free Kilds 50.00 Pro Action of Steuben and Yates, Inc. 117 East Steuben St Sulte 11 Bath, NY 14810 50123 SFLF - Cavity Free Kilds 50.00 Research Foundation of SUNY-Albarry Inc. 117 East Steuben St Sulte 11 Bath, NY 14810 50123 SFLF - Cavity Free Kilds 50.00 Schuyler County Child Care CC, Inc. Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865 50123 SFLF - Cavity Free Kilds 50.00 Schuyler County Child Care CC, Inc. Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865 50123 SFLF - Cavity Free Kilds 50.00 Schuyler County Child Care CC, Inc. Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865 50123 SFLF - Cavity Free Kilds 50.00 Schuyler County Child Care CC, Inc. Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865 50123 SFLF - Cavity Free Kilds 50.00 Schuyler County Child Care CC, Inc. Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865 50123 SFLF - Cavity Free Kilds 50.00 Schuyler County Child Care CC, Inc. Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Main Street Olean, NY 14760 50123 Southern Ther Health Center Network 50 Montour Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 50123 Gerfatric Workforce 50 Montour Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 50123 Gerfatric Work	P2 Collaborative of WNY	6225 Sheridan Orive Williamsville, NY 14221	501c3	Transitions of Care	\$ 30,343
Pro Action of Steuben and Yates, Inc.   137 East Steuben St. Sulte 11 Bath, NY 14810   50123   SFLF - Cavity Free Kids   5 10,000	P2 Collaborative of WNY	6225 Sheridan Drive Williamsville, NY 14221	501c3	P2 Cvent	\$ 10,000
Pro Action of Steuben and Yatas, Inc.   117 East Steuben St Suite 11 Bath, NY 14810   501.0	P2 Collaborative of WNY	6225 Sheridan Orive Williamsville, NY 14221	501c3	Healthy Lifestyles	\$ 7,000
Research Foundation of SUNY-Albarny   The State University of New York PO Box 9 Albany, NY 12201-0009   501:3   Falls Evaluations   \$ 50,753	Pro Action of Steuben and Yates, Inc	117 East Steuben St. Suite 11 Bath, NY 14810	501c3	SFLF - Cavity Free Kids	\$ 5,000
Schwyler County Child Care CC, Inc.         Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865         50123         SFLP - Cavity Free Kids         \$ 5,000           Schwyler County Child Care CC, Inc.         Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865         50123         SFLP - Cavity Free Kids         \$ 5,000           Schwyler County Child Care CC, Inc.         Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865         50123         SFLP - Cavity Free Kids         \$ 5,000           So Ther Community Health Center Network 500 Main Street Olean, NY 14760         50123         Southern Tier Health Center Network         \$ 40,000           SUNY Upstate Medical University 1         Department of Physician Assistant Studies 750 East Adams Street Syracuse, NY 13210         50123         Gerlatric Workforce         \$ 6,000           SUNY Upstate Medical University 2         SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210         50123         Gerlatric Workforce         \$ 6,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         50123         Gerlatric Workforce         \$ 6,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         50123         Gerlatric Workforce         \$ 6,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         50123         Bulger Vision Rehab	Pro Action of Steuben and Yates, Inc.	117 East Steuben St. Suite 11 Bath, NY 14810	501c3	SFLF - Cavity Free Klds	\$ 10,000
Schuyler County Child Care CC, Inc.         Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865         50123         SFLF - Cavity Free Kids         \$ 5,000           Schuyler County Child Care CC, Inc.         Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865         50123         SFLF - Cavity Free Kids         \$ 5,000           So Tler Community Health Center Network 500 Main Street Olean, NY 14760         50123         Southern Tler Health Center Network         \$ 40,000           SUNY Upstate Medical University 1         Department of Physician Assistant Studies 750 East Adams Street Syracuse, NY 13210         50123         Gerlatric Workforce         \$ 6,000           SUNY Upstate Medical University 2         SUNY Sunt Medical University 2         SUNY Sunt Medical University 2         SUNY Sunt Med	Research Foundation of SUNY-Albany	The State University of New York PO Box 9 Albany, NY 12201-0009	501c3	Falls Evaluations	\$ 50,753
Schuyler County Child Care CC, Inc.  Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Networt 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main	Schuyler County Child Care CC, Inc.	Coordinating Council, Inc. PO Box 312 Montour Fails, NY 14865	501c3	SFLF - Cavity Free Kids	\$ 5,000
So Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Tier Community Health Center Network 500 Main Street Olean, NY 14760  50 Community Health Center Network 500 Main Street Street Network 500 Main Street Olean, NY 14760  50 Community Health Center Network 500 Main Street Street Network 500 Main Street Network 500 Main Street Street Network 500 Mai	Schuyler County Child Care CC, Inc.	Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865	501c3	SFLF - Cavity Free Kids	\$ 5,000
So Tier Community Health Center Network 500 Malin Street Olean, NY 14760  SUNY Upstate Medical University 1  Department of Physician Assistant Studies 750 East Adams Street Syracuse, NY 13210  SUNY Upstate Medical University 2  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210  SUNY Upstate Medical University 0 Flore of Continuing Medical Education 750 East A	Schuyler County Child Care CC, Inc.	Coordinating Council, Inc. PO Box 312 Montour Falls, NY 14865	501c3	SFLF - Cavity Free Kids	\$ 5,000
SUNY Upstate Medical University 1 Department of Physician Assistant Studies 750 East Adams Street Syracuse, NY 13210 SUNY Upstate Medical University 2 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210 SUCCESSORY Speaker Series Solo Solo Sulfation NY 14226-0900 SUNY Speaker Series Solo Sulfation NY 14226-0900 SUNY Speaker Series Solo Sulfation NY 14226-0900 SUNY Speaker Series Solo Sulfation Sulfation NY 14226-0900 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speaker Series Solo Sulfation Sulfation Sulfation NY 14205 SUNY Speak	So Tier Community Health Center Netwo	rl 500 Main Street Olean, NY 14760	501c3	Southern Tier Health Center Network	\$ 40,000
SUNY Upstate Medical University 2         SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210         501c3         Geriatric Workforce         \$ 6,000           The Center for Effective Philanthropy, Inc.         675 Massachusetts Avenue Cambridge, MA 02139         501c3         Community Impact         \$ 5,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         501c3         Geriatric Workforce         \$ 6,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         501c3         Geriatric Workforce         \$ 7,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         501c3         Bulger Vision Rehab Center         \$ 10,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         501c3         Sulger Vision Rehab Center         \$ 10,000           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         501c3         CNY Speaker Series         \$ 5,654           UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14226-0900         501c3         CNY Speaker Series         \$ 6,000           Western New York Grantmakers Assoc.         P O Box 900 Buffalo, NY 14205         501c3         WNY Coalition for the Homeless, Inc.         P O Box 618 Ellicott Station Buffalo, NY 14205         501c3         WNY Coalition f	So Tier Community Health Center Netwo	ri 500 Main Street Olean, NY 14760	501c3	Southern Tier Health Center Network	\$ 40,000
The Center for Effective Philanthropy, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  Solica Community Impact  Solica Geriatric Workforce  Solica Geriatric Wor	SUNY Upstate Medical University 1	Department of Physician Assistant Studies 750 East Adams Street Syracuse, NY 13210	501c3	Gerlatric Workforce	\$ 6,000
UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  S0103 CNY Speaker Series  S 5,654  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  S0103 CNY Speaker Series  S 6,157  UB Foundation Services, Inc.  P O Box 900 Buffalo, NY 14226-0900  Western New York Grantmakers Assoc.  P O Box 1333 Buffalo, NY 14205  S0103 WNYGA  WNY Coalition for the Homeless, Inc.  P O Box 618 Ellicott Station Buffalo, NY 14205  S0103 WNY Coalition for the Homeless  S 2,000	SUNY Upstate Medical University 2	SUNY Upstate Medical University Office of Continuing Medical Education 750 East Adams Street, WSK 2254 Syracuse, NY 13210	501c3	Gerlatric Workforce	\$ 6,000
UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  S0103 CNY Speaker Series  S 6,157  UB Foundation Services, Inc.  P O 8x 900 Buffalo, NY 14226-0900  S0103 CNY Speaker Series  S 6,000  Western New York Grantmakers Assoc.  P O 8x 1333 Buffalo, NY 14205  S0103 WNYGA  WNY Coalition for the Homeless, Inc.  P O 8x 618 Effect Station Buffalo, NY 14205  S0103 WNY Coalition for the Homeless  S 2,000	The Center for Effective Philanthropy, Inc	675 Massachusetts Avenue Cambridge, MA 02139	501c3	Community Impact	\$ S,000
UB Foundation Services, Inc.  P O 8xx 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8xx 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8xx 900 Buffalo, NY 14226-0900  UB Foundation Services, Inc.  P O 8xx 900 Buffalo, NY 14226-0900  S01c3  CNY Speaker Series  S 6,157  UB Foundation Services, Inc.  P O 8xx 900 Buffalo, NY 14226-0900  S01c3  CNY Speaker Series  S 6,157  UB Foundation Services, Inc.  P O 8xx 900 Buffalo, NY 14226-0900  S01c3  CNY Speaker Series  S 6,000  Western New York Grantmakers Assoc.  P O 8xx 903 Buffalo, NY 14205  S01c3  WNYGA  S 2,000  WNY Coalition for the Homeless, Inc.  P O 8xx 1333 Buffalo, NY 14205  S01c3  WNY Coalition for the Homeless  S 2,000	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14226-0900	501c3	Geriatric Workforce	\$ 6,000
UB Foundation Services, Inc. P O 8ox 900 Buffalo, NY 14226-0900 501c3 Bulger Vision Rehab Center \$ 10,000 UB Foundation Services, Inc. P O 8ox 900 Buffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 5,654 UB Foundation Services, Inc. P O 8ox 900 Buffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 6,157 UB Foundation Services, Inc. P O 8ox 900 Buffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 6,000 Western New York Grantmakers Assoc. P O 8ox 900 Buffalo, NY 14205 501c3 WNYGA \$ 2,000 WNY Coalition for the Homeless, Inc. P O 8ox 618 Ellicott Station 8uffalo, NY 14205 501c3 WNY Coalition for the Homeless, Inc.	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14225-0900	501c3	Gerlatric Workforce	\$ 26,264
UB Foundation Services, Inc. P O 8xx 900 8uffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 5,654  UB Foundation Services, Inc. P O 8xx 900 8uffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 6,157  UB Foundation Services, Inc. P O 8xx 900 8uffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 6,000  Western New York Grantmakers Assoc. P O 8xx 1333 8uffalo, NY 14205 501c3 WNYGA \$ 2,000  WNY Coalition for the Homeless, Inc. P O 8xx 618 Efficott Station 8uffalo, NY 14205 501c3 WNY Coalition for the Homeless \$ 2,000	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14225-0900	501c3	Bulger Vision Rehab Center	\$ 5,000
UB Foundation Services, Inc. P O Box 900 Buffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 6,157  UB Foundation Services, Inc. P O Box 900 Buffalo, NY 14226-0900 501c3 CNY Speaker Series \$ 6,000  Western New York Grantmakers Assoc. P O Box 1333 Buffalo, NY 14205 501c3 WNYGA \$ 2,000  WNY Coalition for the Homeless, Inc. P O Box 618 Efficott Station Buffalo, NY 14205 501c3 WNY Coalition for the Homeless	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14225-0900	501c3	Bulger Vision Rehab Center	\$ 10,000
UB Foundation Services, Inc.         P O Box 900 Buffalo, NY 14225-0900         501c3         CNY Speaker Series         \$ 6,000           Western New York Grantmakers Assoc.         P O Box 1333 Buffalo, NY 14205         501c3         WNYGA         \$ 2,000           WNY Coalition for the Homeless, Inc.         P O Box 618 Efficient Station Buffalo, NY 14205         501c3         WNY Coalition for the Homeless         \$ 2,000	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14226-0900	501c3	CNY Speaker Series	\$ 5,654
Western New York Grantmakers Assoc. P O Box 1333 Buffalo, NY 14205 501c3 WNYGA \$ 2,000 WNY Coalition for the Homeless, Inc. P O Box 618 Ellicott Station Buffalo, NY 14205 501c3 WNY Coalition for the Homeless	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14226-0900	501c3	CNY Speaker Series	\$ 6,157
WNY Coalition for the Homeless, Inc. P O Box 618 Ellicott Station Buffalo, NY 14205 501c3 WNY Coalition for the Homeless \$ 2,000	UB Foundation Services, Inc.	P O Box 900 Buffalo, NY 14225-0900	501c3	CNY Speaker Series	\$ 6,000
1,000	Western New York Grantmakers Assoc.	PO Box 1333 Buffalo, NY 14205	501c3	WNYGA	\$ 2,000
\$ 2,045,059	WNY Coalition for the Homeless,Inc.	P O Box 618 Ellicott Station Buffalo, NY 14205	501c3	WNY Coalition for the Homeless	\$ 2,000
					\$ 2,045,059

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) D - Donation PUBLICLY TRADED SECURITIES P VARIOUS VARIOUS MIDCAP P b S&P 400 VARIOUS 04/21/11 c S&P 500 TOBACCO FREE INDEX P VARIOUS 04/21/11 d SILCHESTER INTERNATIONAL K-1 P VARIOUS **VARIOUS** P e GUGGENHEIM K-1VARIOUS VARIOUS WTC-CTF STRATEGIC K-1 P VARIOUS VARIOUS THE COLCHESTER GLOBAL BOND FUND K-1 P VARIOUS **VARIOUS** GLOBAL PROPERTY SECURITIES FUND K-1 P h AEW VARIOUS VARIOUS 400 MIDCAP INDEX K-1 I S&P  $\overline{P}$ VARIOUS **VARIOUS** S&P TOBACCO FREE INDEX K-1 500 P VARIOUS VARIOUS k CITY OF LONDON EMERGING MARKETS P VARIOUS VARIOUS CAPITAL GAINS DIVIDENDS m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 16,927,893. 15,628,083. 1,299,810. а 3,500,000. 2,662,081. 837,919. b 7,800,000. 6,760,594. 1,039,406. C <1,821. 1,821. d 697. <697.> e <130,422. 130,422. f <42,086. 42,086. g 217,605. <217,605.> h <310,837. 310,837. <157,837. 157,837. 118,789 <118,789.> 139,654. 139,654. 1 m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (I) but not less than "-0-") (i) FMV as of 12/31/69 as of 12/31/69 over col (j), if any 1,299,810. <u>a</u> 837,919. b 1,039,406. C 1,821. đ <697.> е 130,422. 42,086. <217,605.> 310,837.157,837. <118,789.> 139,654. m п 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 3,622,701. Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990	O-PF C	GAIN OR (LOSS) I	FROM SALE	OF	ASSETS		STATEMENT 1
DESCRIP	(A) TION OF PROPERTY	r.			MANNER CQUIRED	DATE ACQUIR	
VARIOUS	PUBLICLY TRADE	SECURITIES		PU	RCHASED	VARIOU	S VARIOUS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c. G	(F) AIN OR LOSS
	16,927,893.	15,628,083.		0.		0.	1,299,810.
DESCRIP'	(A) FION OF PROPERTY	ľ.			MANNER CQUIRED	DATE ACQUIR	
S&P 400	MIDCAP	_		PU	RCHASED	VARIOU	S 04/21/11
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. G	(F) AIN OR LOSS
	3,500,000.	2,662,081.		0.		0.	837,919.
DESCRIP	(A) FION OF PROPERTY	ľ			MANNER CQUIRED	DATE ACQUIR	
\$&P 500	TOBACCO FREE IN	 NDEX		PU	RCHASED	VARIOU	S 04/21/11
	(B) GROSS SALES PRICE	(C) COST OR	(D) EXPENSE	OF	(E)	C 0	(F)
		OTHER BASIS	SALE		DEPRE	<del></del>	AIN OR LOSS
	7,800,000.	6,760,594.		0.		0.	1,039,406.

•							
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU		DATE SOLD
SILCHESTER INTERNATIONA	 L K-1		PU	RCHASED	VARI	ous	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C	CATA	(F)
0.	<353,634.>	SALE	0.	DEPRE	0.	GAIN	OR LOSS
	(333,034.2		•				353,634.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU		DATE SOLD
GUGGENHEIM K-1	_		PU:	RCHASED	VARI	ous	VARIOUS
(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
SALES PRICE	OTHER BASIS	SALE		DEPRE	C.	GAIN	OR LOSS
0.	31,963.		0.		0.		<31,963.>
(A) DESCRIPTION OF PROPERTY	_			MANNER CQUIRED	DA ACQU		DATE SOLD
WTC-CTF STRATEGIC K-1			PU	RCHASED	VARI	ous	VARIOUS
(B)	(C)	(D)	OE.	(E)			(F)
GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF.	DEPRE	С.	GAIN	OR LOSS
0.	<7,815.>		0.		0.		7,815.
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED	DA ACQU		DATE SOLD
THE COLCHESTER GLOBAL B	OND FUND K-1		PU	RCHASED	VARI	ous	VARIOUS
(B) GROSS	(C) COST OR	(D) EXPENSE	ΟF	(E)			(F)
SALES PRICE	OTHER BASIS	SALE	OF	DEPRE	c	GAIN	OR LOSS
0.	<196,384.>		0.		0.		196,384.

DESCRIP	(A) TION OF	PROPERTY				ANNER QUIRED			DATE SO	)LE
AEW GLO	BAL PROP	ERTY SECU	- URITIES FUND K-	1	PUR	CHASED	VARI	ous	VARIOU	JS
	GRC	SS	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	0		(F)	•
		0.	<5,008.>		0.	DEPRE	0.	GAIN	5,00	
DESCRIP	(A) TION OF	PROPERTY				ANNER QUIRED	DA ACQU		DATE SO	)LI
S&P 400	MIDCAP	INDEX K-	_ l		PUR	CHASED	VARI	ous	VARIOU	JS
	(E		(C)	(D)		(E)			(F)	
	GRC SALES		COST OR OTHER BASIS	EXPENSE SALE	OF.	DEPRE	С.	GAIN	OR LOSS	;
		0.	0.		0.		0.			0.
DESCRIP	(A) TION OF	PROPERTY				ANNER QUIRED		TE VIRED	DATE SO	
S&P 500	TOBACCO	FREE IN	- DEX K-1		PUR	CHASED	VARI	ous	VARIOU	JS
•	(E GRO SALES	oss	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN	(F)	3
		0.	0.		0.		0.			0.
	(A) TION OF	PROPERTY				ANNER QUIRED		TE VIRED	DATE SO	)L[
DESCRIP										
	LONDON	EMERGING	- MARKETS K-1		PUR	CHASED	VARI	ous	VARIOU	
	(E	EMERGING  3) OSS PRICE	- MARKETS K-1  (C)  COST OR  OTHER BASIS	(D) EXPENSE SALE		CHASED (E) DEPRE			VARIOU (F) OR LOSS	
	(E	3) OSS	(C) COST OR	EXPENSE		(E)			(F)	
CITY OF	GRO SALES	B) DSS PRICE	(C) COST OR OTHER BASIS	EXPENSE	OF	(E)	c.		(F)	0.

FORM 990-PF DIVIDEN	DS AND	INTERE	ST F	'ROM	SECU	JRITIES	STATEMENT	2
SOURCE		GROSS .	AMOU	INT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
CLASS ACTION LITIGATION PROC VARIOUS HSBC INVESTMENTS PER			2,2	50.		2,250.		0.
BOOKS (SEE TAB B FOR ADDITION INFORMATION) VARIOUS HSBC INVESTMENTS PER	NAL	1	37,4	04.		137,404.		0.
BOOKS (SEE TAB B FOR ADDITIONAL INFORMATION)		8	00,5	74.		0.	800,5	74.
VARIOUS PASS-THROUGH INVESTM (SEE TAB B FOR ADD'L INFO)	ENTS	9	60,0	57.		0.	960,0	57.
TOTAL TO FM 990-PF, PART I,	LN 4	1,9	00,2	85.		139,654.	1,760,6	31.
FORM 990-PF	0'	THER IN	СОМЕ				STATEMENT	3
DESCRIPTION			( A REVE ER E		3	(B) NET INVEST- MENT INCOME		
INTEREST INCOME - PRI RETURNED GRANT FUNDS				26,3 22,4		26,326		
TOTAL TO FORM 990-PF, PART I	, LINE	11		48,7	26.	26,326	•	
		LEGAL	FFFC	<del></del>			STATEMENT	<del></del> 4
FORM 990-PF			rhh	<u> </u>				
DESCRIPTION	EXPE	A) NSES	NET	(B) INVE		(C) ADJUSTED NET INCOM	(D) CHARITA	BLE
	PER I	A) NSES	NET	(B) INVE		ADJUSTED NET INCOM	(D) CHARITA	BLE ES

FORM 990-PF	ACCOUNTI	NG FEES	S'	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	26,300.	6,575.		19,725.
TO FORM 990-PF, PG 1, LN 16B	26,300.	6,575.		19,725.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	502,168. 88,835.			0. 88,835.
CONSULTING FEES	00,000.			
CONSULTING FEES  TO FORM 990-PF, PG 1, LN 16C	591,003.	502,168.		88,835.
-	<del></del>		S	88,835. TATEMENT 7
TO FORM 990-PF, PG 1, LN 16C	591,003.		(C) ADJUSTED NET INCOME	
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION FEDERAL TAXES	TAX  (A)  EXPENSES	ES (B) NET INVEST-	(C) ADJUSTED	TATEMENT 7  (D)  CHARITABLE
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL TAXES SILCHESTER INT'L INVESTORS K-1 FOREIGN TAXES	TAX  (A)  EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL TAXES SILCHESTER INT'L INVESTORS K-1 FOREIGN TAXES GUGGENHEIM PLUS II K-1 FOREIGN TAXES	TAX  (A)  EXPENSES PER BOOKS  111,735.	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL TAXES SILCHESTER INT'L INVESTORS K-1 FOREIGN TAXES GUGGENHEIM PLUS II K-1 FOREIGN TAXES WTC-CTF STRATEGIC K-1 FOREIGN TAXES	TAX  (A)  EXPENSES PER BOOKS  111,735.	(B) NET INVEST- MENT INCOME  0. 21,257.	(C) ADJUSTED	(D) CHARITABLE PURPOSES 0.
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL TAXES SILCHESTER INT'L INVESTORS K-1 FOREIGN TAXES GUGGENHEIM PLUS II K-1 FOREIGN TAXES WTC-CTF STRATEGIC K-1 FOREIGN TAXES THE COLCHESTER GLOBAL BOND FUND K-1 FOREIGN TAXES AEW GLOBAL PROPERTY	591,003.  TAX  (A)  EXPENSES PER BOOKS  111,735.  0. 0.	(B) NET INVEST- MENT INCOME  0. 21,257.	(C) ADJUSTED	(D) CHARITABLE PURPOSES  0. 0.
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL TAXES SILCHESTER INT'L INVESTORS K-1 FOREIGN TAXES GUGGENHEIM PLUS II K-1 FOREIGN TAXES WTC-CTF STRATEGIC K-1 FOREIGN TAXES THE COLCHESTER GLOBAL BOND FUND K-1 FOREIGN TAXES AEW GLOBAL PROPERTY SECURITIES FUND K-1 FOREIGN TAXES	591,003.  TAX  (A)  EXPENSES PER BOOKS  111,735.  0.  0.	(B) NET INVEST- MENT INCOME  0. 21,257. 7. 3,874. 537.	(C) ADJUSTED	(D) CHARITABLE PURPOSES  0. 0. 0.
TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL TAXES SILCHESTER INT'L INVESTORS K-1 FOREIGN TAXES GUGGENHEIM PLUS II K-1 FOREIGN TAXES WTC-CTF STRATEGIC K-1 FOREIGN TAXES THE COLCHESTER GLOBAL BOND FUND K-1 FOREIGN TAXES AEW GLOBAL PROPERTY SECURITIES FUND K-1	591,003.  TAX  (A)  EXPENSES PER BOOKS  111,735.  0.  0.  0.	(B) NET INVEST- MENT INCOME  0. 21,257. 7. 3,874. 537.	(C) ADJUSTED	(D) CHARITABLE PURPOSES  0. 0. 0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
TELEPHONE/ELECTRONIC				
COMMUNICATION	18,831.		0.	18,831.
OFFICE EXPENSE	12,604.		0.	12,604.
INSURANCE	3,554.		0.	3,554.
CHF SPONSORED EVENTS	350.		0.	350.
MAINTENANCE EXPENSE	8,949.		0.	8,949.
MISCELLANEOUS EXPENSE	274.		0.	274.
NYS FILING FEES	1,500.		0.	1,500.
GUGGENHEIM K-1 OTHER	_,			1,500.
DEDUCTIONS	0.	7,01	8.	0.
MEMBERSHIP DUES	6,420.	='	0.	6,420.
SEE TAB B	875,479.		0.	875,479.
CTF STRATEGIC REAL ASSET	•			
PORTFOLIO	0.	3,81	5.	0.
S&P 500 TOBACCO FREE INDEX		•		
K-1	0.	4,11	5.	0.
S&P MIDCAP INDEX NON-LENDING	0.	1,69	4.	0.
AEW GLOBAL PROPERTY				
SECURITIES FUND K-1	0.	1,65	8.	0.
EMERGING MARKETS COUNTRY				
FUND K-1	0.	16,05	2.	0.
TO FORM 990-PF, PG 1, LN 23	927,961.	34,35	2.	927,961.
•		<del>*************************************</del>		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 9
FORM 990-PF	CORPORAT	E STOCK		STATEMENT
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK-SEE TAB A			31,877,452.	31,877,452
TOTAL TO FORM 990-PF, PART II	, LINE 10B		31,877,452.	31,877,452

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PARTNERSHIPS AND COMMON TRUST FUNI-SEE TAB A FIXED INCOME-SEE TAB A	DS FMV	52,873,198. 12,128,801.	52,873,198. 12,128,801.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	65,001,999.	65,001,999.
FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION PROGRAM RELATED INVESTMENT	84,448. 650,000.	88,418. 775,000.	88,418. 775,000.
TO FORM 990-PF, PART II, LINE 15	734,448.	863,418.	863,418.
FORM 990-PF OT:	HER LIABILITIES		STATEMENT 12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED COMPENSATION LIABILITY ACCRUED EXCISE TAXES		84,448. 13,303.	88,418.
TOTAL TO FORM 990-PF, PART II, LI	NE 22	97,751.	88,418.

FORM 990-PF		BSTANTIAL CONTRIBUTORS VII-A, LINE 10	STATEMENT	13
NAME OF CONTRIBUTOR		ADDRESS		
GENESEE VALLEY GROUP ASSOCIATION	HEALTH	165 COURT STREET		
APPOCIATION		ROCHESTER, NY 14647		

	OF OFFICERS, DIRECTORS FOUNDATION MANAGERS		STATEMENT 14	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JAMES H. ABBOTT 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
STEPHEN C. AMES 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
MARILYN J. BAADER 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	TRUSTEE	0.	0.	0.
ROBERT M. BENNETT 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ARTHER R. GOSHIN, MD, MPH 726 EXCHANGE STREET, SUITE 518 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
EUGENE MEEKS 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
CATHERINE A. GALE, ESQ. 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.

. HEALTH FOUNDATION FOR WESTERN &	CENTRAL		22-3	804398
SALLY BERRY	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	4.00	0.	0.	0.
JUNE W. HOEFLICH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASURER 8.00	0.	0.	0.
ROBERT A. LUDWIG 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
JAMES L. MAGAVERN, ESQ. 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
PATRICIA J. NUMANN, MD	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR BUFFALO, NY 14210	4.00	0.	0.	0.
JAMES P. NOLAN, MD, MACP 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
STEPHEN J. SUHOWATSKY	VICE CHAIR			
100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	4.00	0.	0.	0.
ANN F. MONROE 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	245,770.	24,544.	0.
PETER J. O'NEILL	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	4.00	0.	0.	0.
MARGARET W. PAROSKI, MD, MMM 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
LEOLA RODGERS, MPH	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	4.00	0.	0.	0.
L. THOMAS WOLFF, MD	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	4.00	0.	0.	0.

HEALTH FOUNDATION FOR WESTERN & CENTRAL		22-380	1398
JOSEPH J. COZZO, MA, MS, LMHC TRUSTEE 726 EXCHANGE STREET, SUITE 518 4.00 BUFFALO, NY 14210	0.	0.	0.
ANGEL GUTIERREZ, MD, FACP 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210 BUFFALO, NY 14210 BOARD CHAIR 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	245,770.	24,544.	0.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE	ACTIVITIES	STATEMENT	15
ACTIVITY ONE  TALLS PREVENTION COLLABORATIVE TO BENEFIT OLDER THIS PROJECT IS TEAMING UP WITH LOCAL AND REGION AND ELDER CARE AGENCIES TO FORGE THE FALLS PREVE CONSORTIUM.	NAL AGENCIES		
		EXPENSES	5
TO FORM 990-PF, PART IX-A, LINE 1		491,	
			315.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE	ACTIVITIES	STATEMENT	16
FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITY TWO	ACTIVITIES	STATEMENT	
3	RE, AND ING IN EVENTION,	STATEMENT	
ACTIVITY TWO  CHOMPERS - CAVITY FREE KIDS, PORTABLE DENTAL CAR ENGAGING PEDIATRIC MEDICAL PROVIDERS. THREE PROVEN STRATEGIES HEALTH FOUNDATION IS USI WESTERN AND CENTRAL NEW YORK TO BRING DENTAL PRE EDUCATION, AND TREATMENT TO PLACES YOUNG CHILDRE	RE, AND ING IN EVENTION,	STATEMENT	16

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FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY THREE

THE BELLE CENTER. BEGIN THE PROCESS OF DEVELOPING A FORMAL AFFILIATION PROCESS FOR COMMUNITY HEALTH WORKERS, BUILDING AN ONGOING LEARNING COMMUNITY AND CREATING COMMUNITY CAPACITY IN IMPLEMENTING THE ASSET BASED COMMUNITY DEVELOPMENT PROCESS IN WESTERN NEW YORK.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 3

209,400.

FORM 990-PF

SUMMARY OF PROGRAM-RELATED INVESTMENTS

STATEMENT

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DESCRIPTION

SOUTHERN TIER HEALTH CARE SYSTEMS - TO PROVIDE BRIDGE FUNDING FOR THE PURCHASE OF A NEW ELECTRONIC HEALTH RECORD SYSTEM AND THE SOFTWARE, HARDWARE, AND TRAINING TO IMPLEMENT THE SYSTEM.

AMOUNT

TO FORM 990-PF, PART IX-B, LINE 1

125,000.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

19

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN F. MONROE 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 142101485

TELEPHONE NUMBER

(716)852-3030

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

### ANY SUBMISSION DEADLINES

SUBMISSION DEADLINES VARY BASED ON THE PROJECT. (SEE FOUNDATION WEBSITE AT WWW.HFWCNY.ORG FOR ADDITIONAL INFORMATION)

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION PROVIDES GRANTS FOR THE PURPOSE OF IMPROVING THE HEALTH AND HEALTH CARE OF THE PEOPLE AND COMMUNITIES OF WESTERN AND CENTRAL NEW YORK. (SEE FOUNDATION WEBSITE AT WWW.HFWCNY.ORG FOR ADDITIONAL INFORMATION)